Fiscal Year 2018
VOCA Policies & Procedures Training

Outline – Today's discussion

- Overview: Important VOCA administrative websites, policies, and guides

- Overview: MOVA's VOCA Policies & Procedures Manual

- How-to: Reporting requirements

- Office of Civil Rights requirements

- Monitoring

Websites, policies, and guides

MOVA's website: http://www.mass.gov/mova/

- List of FY18 award recipients

- VOCA Policies and Procedures Manual

- Forms: Programmatic Change, Performance Report, Data tracking spreadsheet, and other key administrative forms

VOCA listserv:

- Email MOVA at join-VOCA@listserv.state.ma.us

Websites, policies, and guides

What is the VOCA administrative structure for funding?

- Federal via the DOJ, OJP, OVC; and

- For sub recipients in Massachusetts MOVA, as the SAA

What does that mean for sub recipients?

- A lot of rules to follow ☺

- However a significant number of the rules are combined within in the VOCA Policies and Procedures manual

Websites, policies, and guides

What policies do sub recipients need to follow?

• MOVA Policies and Procedures

What other polices must be followed?

• OMB (generic)

• OCFO Financial Guide (generic)

• VOCA Rule (specific to VOCA)

• OJP OCR (specific to OJP)

Overview: VOCA Policies & Procedures Manual

Current version: effective June 2017

Sections:

- Allowable and unallowable services/costs

- Program and reporting requirements

- Fiscal P&P

- Appendix A-D

Overview: VOCA P&P Manual

Allowable and unallowable services/costs

- Adopted, at MOVA's discretion, from the federal guidelines

- Refer to Appendix C for detailed examples

  - If you still have questions, contact your Grant Manager

Reporting and program requirements

- SAR, Performance reports

- Volunteers, Victim Compensation assistance, confidentiality maintenance etc.

Overview: VOCA P&P Manual

Fiscal P&P

- Responsibilities for sub-recipients
  - record keeping
  - audits
  - expenditure reports and backup
  - match

Appendix A-D

- A, general information
- B, General resources
- C, Detailed list of allowable and unallowable costs and services by cost category
- D, List of updates made to manual

Expenditure Reports

- **VOCA is a cost reimbursement grant-** expenditure reports must not include costs that have yet to take place/advance payments

- Expenditure reports are due on the 15th day (following the end of reporting period) of each month or quarter

  - If the 15th falls on a holiday or weekend, due the next business day

- Agencies with more than one VOCA program must report expenses *separately* for each program

- Only request reimbursement for costs in your approved VOCA budget

Expenditure Reports - Submission

- **Expenditure Reports must include:**
  - Expenditure report coversheet and backup worksheet
  - Records to support worksheet and costs (backups)
  - Expenditure reports **must** only include approved budget costs
  - Other backup may be requested

- **For State Agencies (ISAs)**
  - Expenditure report coversheet and backup worksheet
  - BQ88 and BQ89 (Warehouse Query)
  - Other backup may be requested

Expenditure Reports – Examples of backup documentation:

- **Personnel** (salary and fringe):
  - Timesheets
    - Must accurately account for time spent working on VOCA
  - Payroll Statements
  - Fringe Backup

- **Consultants**:
  - Invoice for services
  - Copy of check or other proof of payment(e.g. program's general ledger/expense report)

Expenditure Reports – Examples of backup documentation:

- **Office Supplies:**
  - Invoices/Receipts
  - Note: Receipts must be itemized in order to see each purchase

- **Equipment:**
  - Invoices/Receipts
  - If value is over $1000, prior approval is required

Expenditure Reports – Examples of backup documentation:

- **Travel:**
  - Travel Logs
  - Receipts for taxi vouchers/t-passes/tolls/etc.
  - Out of State Travel

- **Contracts:**
  - Invoice for services
  - Copy of check or other proof of payment (e.g. program's general ledger/expense report)

Expenditure Reports – Examples of backup documentation:

- **Other:**
  - Rent
    - Copy of check/receipt
  - Trainings
    - Agenda
    - Out of State Trainings
  - Utilities/Phones
    - Invoice/Bill for services
  - Copy of check/receipt or other proof of payment

Programmatic Changes

Why?

- New Hires (all new hires require a resume, submitted simultaneously)

- Resignations/terminations (provide explanation for terminations in the body of the form)

- Internal Changes in Responsibilities:

  - Change in Job Duties/salary changes/change in hours

  - Maternity Leave, Extended Sick Leave, Sabbatical, etc.

Programmatic Changes

How and When?

- Report to MOVA *within 2 weeks* of hire/resignation/change date.

- Electronic submissions preferred; speak to grants manager if this is a concern.

Programmatic Change Form

Date Received [   ]

Date Approved [   ]

[Print Form]

Directions:
Please fill out one programmatic change form per adjustment to your grant program. You may submit via fax or e-mail to your respective Grant Program Specialist. You must submit your personnel change form *within two weeks of a staff change*. Any submittal after the two week period will be subject to the grant specialist's discretion. Agencies must submit a programmatic change form when a new employee is hired* or resigns or requires an increase or decrease in hours or a salary adjustment or fringe adjustment. Pay special attention to employees that are listed on more than one grant to ensure there is no supplantation. **All programmatic change forms must be accompanied with an amended budget reflecting the requested changes, otherwise they will be rejected.** Please contact your MOVA grant specialist if you have any questions.

up to date resumes must be included

Grant Fund [▼]   Grant Fiscal Year [▼]   Date (MM/DD/YY) [   ]

Agency [   ]   Program [   ]

Name of Employee [   ]

Position Title [   ]

Reason for Change [▼]   Date Effective (MM/DD/YY) [   ]   ☐ Budget Amendment Included

| Resignation |
| New Hire |
| Change in Hours/Salary/Position |
| Extended Leave |

☐ Billing Monthly   ☐ Billing Quarterly

Memorandum
(REQUIRED - Please enter explanation/justification for programmatic change here)

[   ]

Signatures for Programmatic and Fiscal Rep. must be from 2 different people

Programmatic Representative Signature [   ]   Date: [   ]

Fiscal Representative Signature [   ]   Date: [   ]

Effective July 2016

17

Budget Amendments

Why?

- Staff change (hire/resignation)
- Salary/Fringe changes
- Transfer of funds into or out of any cost category
- New costs/line items
- Adjustment of approved match

No more than 10% of total award amount may be shifted in a year

75/25 split and match requirement must be maintained

TOTAL AWARD AMOUNT MUST REMAIN EXACTLY THE SAME

Budget Amendments

How?

- Submit for MOVA's review and approval:

  - A narrative describing the reason for the amendment request within the body of the email

  - Necessary programmatic change forms with required staff information/resumes, if staff changes are proposed

  - A revised budget reflecting the proposed changes

- For state agencies, please also submit a revised Attachment B which was initially included in the ISA

Budget Amendments

- New amendment costs must be allowable, per the P&P

- In the case of staff changes, please only have **1 line per employee on the budget**

  - Use the narrative section to describe the breakout of changing costs

  - Do not include multiple lines for employees

- A mid-year budget amendment **must** account for funds reimbursed prior to that date

- If needed, please contact your Grants Manager to obtain your current approved budget.

Budget Amendments

MOVA Grant Manager approval is required prior to implementing changes.

If approval is not obtained, reimbursement may not be granted.

- *Once your request is approved, we will send you a new approved budget and expenditure report coversheet to use for all remaining billing.*

Example: Salary Increase – Pre-raise

A. Personnel - Salary - List each employee by first and last name. Enter the number of VOCA hours per week and total number of weeks to be spent on project. ** Review the VOCA policies and procedures for Direct vs. Adiministrative functions. <u>Only when</u> an employee is providing both direct services and administrative services, please divide their time and salary appropriately onto different lines to differentiate their direct service personnel costs from their administrative service personnel costs.**

Employee Name	Functional and UFR Title	Direct or Admin Cost (drop down)	# of VOCA hours	# Weeks on VOCA Project	Total Personnel Cost	VOCA Cost	VOCA Match
Example: Jane Smith	*Clinical Supervisor/Program Manager*	*Direct Cost*	*30*	*52*	$ 39,000.00	$ 39,000.00	$
Example: John Doe	*Victim Advocate/Case Manager*	*Admin Cost*	*10*	*43*	$ 10,750.00	$ 7,000.00	$ 3,750.0
Ashley DiFraia	Party Planning Committee, President	Direct Cost	40	52	$ 52,000.00	$ 52,000.00	$
Jonathan Mills	Party Planning Committee, Vice President	Direct Cost	40	52	$ 41,600.00	$ 41,600.00	$
					$ -	$ -	$
					$ -	$ -	$
				Total:	$ 93,600.00	$ 93,600.00	$
				Total Direct Cost	$ 93,600.00		
				Total Admin Cost	$ -		

Budget Narrative For Salary:

Employee Name	Total Employed Hours at Agency	Employee's *Actual* Annual	Other Funding Support X Hours of position (Do not include match, be specific when identifying sources)
Example: Jane Smith	*40*	$ 52,000.00	*United Ways - 10hrs*
Example: John Doe	*37.5*	$ 48,750.00	*DPH - 10 hrs., EOPSS - 17.5*
Ashley DiFraia	40	$ 52,000.00	100% VOCA (25$ per hour)
Jonathan Mills	40	$ 41,600.00	100% VOCA (20$ per hour)

Example: Salary Increase - Post-raise (Incorrect)

A. Personnel - Salary - List each employee by first and last name. Enter the number of VOCA hours per week and total number of weeks to be spent on project. ** Review the VOCA policies and procedures for Direct vs. Administrative functions.

Employee Name	Functional and UFR Title	Direct or Admin Cost (drop down)	# of VOCA hours	# Weeks on VOCA Project	Total Personnel Cost	VOCA Cost	VOCA Match
Example: Jane Smith	Clinical Supervisor/Program Manager	Direct Cost	30	52	$ 39,000.00	$ 39,000.00	$ -
Example: John Doe	Victim Advocate/Case Manager	Admin Cost	10	43	$ 10,750.00	$ 7,000.00	$ 3,750.00
Ashley DiFraia	Party Planning Committee, President	Direct Cost	40	26	$ 26,000.00	$ 26,000.00	$ -
Ashley DiFraia	Party Planning Committee, President	Direct Cost	40	26	$ 31,200.00	$ 31,200.00	$ -
Jonathan Mills	Party Planning Committee, Vice President	Direct Cost	40	26	$ 20,800.00	$ 20,800.00	$ -
Jonathan Mills	Party Planning Committee, Vice President	Direct Cost	40	26	$ 26,000.00	$ 26,000.00	$ -
					$ -	$ -	$ -
				Total:	$ 104,000.00	$ 104,000.00	$ -
					Total Direct Cost	$ 104,000.00	
					Total Admin Cost	$ -	

Budget Narrative For Salary:

Employee Name	Total Employed Hours at Agency	Employee's Actual Annual	Other Funding Support X Hours of position (Do not include match, be specific when identifying sources)
Example: Jane Smith	40	$ 52,000.00	United Ways - 10hrs
Example: John Doe	37.5	$ 48,750.00	DPH - 10 hrs., EOPSS - 17.5
Ashley DiFraia	40	$ 52,000.00	100% VOCA (25$ per hour)
Ashley DiFraia	40	$ 41,600.00	100% VOCA (30$ per hour)
Jonathan Mills	40	$ 20,800.00	100% VOCA (20$ per hour)
Jonathan Mills	40	$ 26,000.00	100% VOCA (25$ per hour)
		$ -	

Example: Salary Increase - Post-raise (Correct)

A. Personnel - Salary - List each employee by first and last name. Enter the number of VOCA hours per week and total number of weeks to be spent on project. ** Review the VOCA policies and procedures for Direct vs. Adiministrative

Employee Name	Functional and UFR Title	Direct or Admin Cost (drop down)	# of VOCA hours	# Weeks on VOCA Project	Total Personnel Cost	VOCA Cost	VO
Example: Jane Smith	*Clinical Supervisor/Program Manager*	*Direct Cost*	30	52	$ 39,000.00	$ 39,000.00	$
Example: John Doe	*Victim Advocate/Case Manager*	*Admin Cost*	10	43	$ 10,750.00	$ 7,000.00	$
Ashley DiFraia	Party Planning Committee, President	Direct Cost	40	52	$ 57,200.00	$ 57,200.00	$
Jonathan Mills	Party Planning Committee, Vice President	Direct Cost	40	52	$ 52,000.00	$ 52,000.00	$
					$ -	$ -	$
					$ -	$ -	$
				Total:	$ 109,200.00	$ 109,200.00	$
					Total Direct Cost	$ 109,200.00	
					Total Admin Cost	$ -	

Budget Narrative For Salary:

Employee Name	Total Employed Hours at Agency	Employee's *Actual* Annual Salary at Agency	Other Funding Support X Hours of position (Do not include match, be specific when identifying sources).
Example: Jane Smith	40	$ 52,000.00	*United Ways - 10hrs*
Example: John Doe	37.5	$ 48,750.00	*DPH - 10 hrs., EOPSS - 17.5*
Ashley DiFraia	40	$ 52,000.00	100% VOCA (26 weeks, 25$ per hour, 26 weeks, 30$ per hour)
Jonathan Mills	40	$ 41,600.00	100% VOCA (26 weeks, 20$ per hour, 26 weeks, 25$ per hour)
		$ -	
#REF!		$ -	
#REF!		$ -	
#REF!		$ -	
#REF!		$ -	

Out of State Training Requests

Process

- Must receive express approval from MOVA before any costs are incurred

- Form is available online

- Out of State travel/Training on approved budget

Out of State Training Requests

Process cont.

- Must be submitted to MOVA 30 days *prior* to incurring any expenses
  - Training schedule/agenda must also be provided
- Appropriate back up (receipts, invoices, *and proof of attendance,* must be submitted in the appropriate expenditure report)

Having a training approved on the budget does constitute approval for out of state training costs.

Out of State Training/Travel Request Form

Print Form

Must be submitted 30 days prior to registration or booking travel

Directions:

Pre-approved MOVA awarded funds may be used for out of state skills training for staff. Funds for training are to be used exclusively for developing the skills of direct service providers, including paid staff and volunteers so they can offer quality services to crime victims.

MOVA awarded direct service grant funds cannot be used for management and administrative training of executive directors, board members and other individuals who do not provide direct services.

Training related travel can be covered such as transportation, meals, lodging and registration fees to attend training. Travel expenses will be reimbursed according to the pre-approved budget and are not to exceed your agency's travel policy or the federally approved GSA rates http://www.gsa.gov/portal/content/104877. Grantees are encouraged to look first for available training within their immediate geographical area to minimize travel costs. If needed training is unavailable close by, funds may be authorized for out of state travel.

To use pre-approved funds, please submit the following **Thirty (30) days prior** to registration/booking.
All information is *required*.

Grant Fund		Grant Fiscal Year		Date (MM/DD/YY)	

Agency		Program	

1. Agenda and/or course content for the training that is being requested.   ○ Agenda/Course Content is Attached

a. Pre-approved budget line for training		e. Lodging Cost	
b. Pre-approved budget line for travel for training		f. Per Diem budget	/day
c. Registration Fee			
d. Transportation cost (mileage, airfare, taxi, etc.)		g. Number of Attendees	

h. List name of Attendee(s) and position within agency:

2. Describe how the training will develop the skills of direct service providers.

3. Please explain why direct services to crime victims cannot be offered without VOCA support of these expenses and why out of state travel is necessary.

Requesting Program Contact Name

Date

Signature

For MOVA use Only:

○ Approved   ○ Denied   Comments

Effective July 2015

Performance Reports

NEW REQUIREMENTS started July 1!

- Agencies will no longer submit quarterly performance reports to MOVA

- AGENCY performance data will be submitted to the U.S. Department of Justice - Office of Victims of Crime (OVC)

  - Data entry on OVC's online Performance Measurement Tool (PMT)

- Contact your MOVA Grants Manager with any questions

Performance Reports cont'd

Quarter	Deadline
Q1 (July – September)	October 30
Q2 (October – December)	January 31
Q3 (January – March)	April 30
Q4 (April – June)	July 31

If deadline falls on a holiday or weekend, submit the following business day

Performance Reports

NEW **Victim Assistance Subgrantee Data Tracking Spreadsheet**

- Must be used to track individual client data each quarter *by program*

- Find the spreadsheet on MOVA's website: http://www.mass.gov/mova/grants/voca/info-for-grantees/

- Save as: "[Agency Name – Program Name – Quarter #] FY18 Victim Assistance Subgrantee Data Tracking Report."

- Database users – ensure that you can produce reports that mimic the spreadsheet

Performance Reports

Demonstration: Victim Assistance Subgrantee Data Tracking Spreadsheet

Performance Reports

NEW **OVC Performance Measurement Tool**

- Online system for data entry and reporting to OVC

  https://ovcpmt.ojp.gov/

- Accessed by: OVC, MOVA and the sub-recipient

Log-in page:

PMT home page: Select "OVC PMT."

OVC PMT Home – Information and Resources:
Your session will time out after 30 minutes of inactivity. Click save before leaving the system unattended.

OVC PMT Home – Reporting Schedule: This schedule reflects the Federal FY – instead, consult the P&P Manual for the State FY (July-June), which you will report on.

Administration – Award List: view your federal award number and award amount.

User Management: Select this tab to view current PMT users or add new users within your agency.

Need Help?: Click on "Need Help" tab to view the links to helpful documents. Please review the ⭐ documents.. *Please disregard the* "Email" *and* "Feedback" *options -- please contact your Grants Manager with any questions or concerns.*

Enter Data: Select the "Enter Data" tab, and select the appropriate Reporting Period from the drop-down menu and click "Continue".
Reporting periods become available for selection/data entry on the first business day following the last day of the reporting period.

Enter Data – Demographics:

Enter Data – Demographics: Age

Secure | https://ovcpmt.ojp.gov/index.cfm?event=Entry

Apps   Massachusetts Office   Google Maps   Oracle HR/CMS Peop   The Boston Globe   Office for Victims of   email.state.ma.us   Other bookmarks

C. AGE (self-reported)

Population	Number of New Individuals
Age 0- 12	20
Age 13- 17	0
Age 18- 24	0
Age 25- 59	0
Age 60 and Older	0
Not Reported	0
Not Tracked	0
Age Total (auto-calculated after save)	20

5. TYPES OF VICTIMIZATIONS (for ALL individuals identified in Question 1 and 2)

If no data is collected for a category, enter "NT" in that field to represent **Not Tracked**. This means that the subgrantee is not yet able to submit data in this category due to the need to update its data collection system, but that efforts are underway to track data as requested.

> If no data is collected for a category, enter "NT" in that field to represent **Not Tracked**. This means that the subgrantee is not yet able to submit data in this category due to the need to update its data collection system, but that efforts are underway to track data as requested.

A. Number of individuals who received services based on a presenting victimization during the reporting period.

Victimization Type	Number of Individuals
Adult Physical Assault (Includes Aggravated and Simple Assault)	0
Adult Sexual Assault	0
Adults Sexually Abused/Assaulted as Children	0
Arson	2
Bullying (Verbal, Cyber or Physical)	0
Burglary	0
Child Physical Abuse or Neglect	0

Enter Data – Demographics: Victimization Type

Enter Data – Demographics: Once you've entered all demographic data, you must click "Save and Continue" to move onto the next section of the report.

Enter Data – Direct Services: select the type of service, then enter the number of individuals who received services AND the number of times each service was provided during the reporting period.

POPULATION DEMOGRAPHICS   DIRECT SERVICES   REVIEW

Complete this section each reporting period.

6. Number of individuals assisted with a victim compensation application during the reporting period.   20

7. Select the types of services provided by your organization during the reporting period:
   ☑ A. Information & Referral

   ☐ B. Personal Advocacy/ Accompaniment

   ☐ C. Emotional Support or Safety Services

   ☑ D. Shelter/ Housing Services

   ☐ E. Criminal/ Civil Justice System Assistance

8. Total **number of individuals who received services** by service type AND **number of times each service was provided** during the reporting period

A. Information & Referral

   Enter the number of individuals who received services in this category   20

   A1. Information about the criminal justice process   0

   A2. Information about victim rights, how to obtain notifications, etc.   20

   A3. Referral to other victim service programs   20

   A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)   0

D. Shelter/ Housing Services

   Enter the number of individuals who received services in this category   2

   D1. Emergency shelter or safe house   0

   D2. Transitional housing   0

   D3. Relocation assistance (includes assistance with obtaining housing)   0

Enter Data – Direct Services: Once you've entered all direct services data, click "Save and Continue." To leave the system, click "Save and Continue" THEN "Exit Data Entry" – all of the data you have entered will be saved and you will be able to leave the system, make edits if desired and submit the report at a later time.

☐ E. Criminal/ Civil Justice System Assistance

8. Total **number of individuals who received services** by service type AND **number of times each service was provided** during the reporting period

A. Information & Referral

Enter the number of individuals who received services in this category .... `20`

A1. Information about the criminal justice process .... `0`

A2. Information about victim rights, how to obtain notifications, etc. .... `20`

A3. Referral to other victim service programs .... `20`

A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.) .... `0`

D. Shelter/ Housing Services

Enter the number of individuals who received services in this category .... `2`

D1. Emergency shelter or safe house .... `0`

D2. Transitional housing .... `0`

D3. Relocation assistance (includes assistance with obtaining housing) .... `0`

Additional Comments:

You have `5000` characters left. (Maximum characters: 5000)

[Save & Continue]   [Exit Data Entry]

For technical assistance, contact the OVC PMT Help Desk at ovcpmt@usdoj.gov or call toll-free 1-844-884-2503.
The Office for Victims of Crime is a component of the Office of Justice Programs, U.S. Department of Justice.

Go to top

Enter Data – Review: Once you are finished entering all data, you must review your report. Errors/missing data will show as "Required" next to the question. Click on the "Required" to bring you to that question and you may enter the appropriate data.
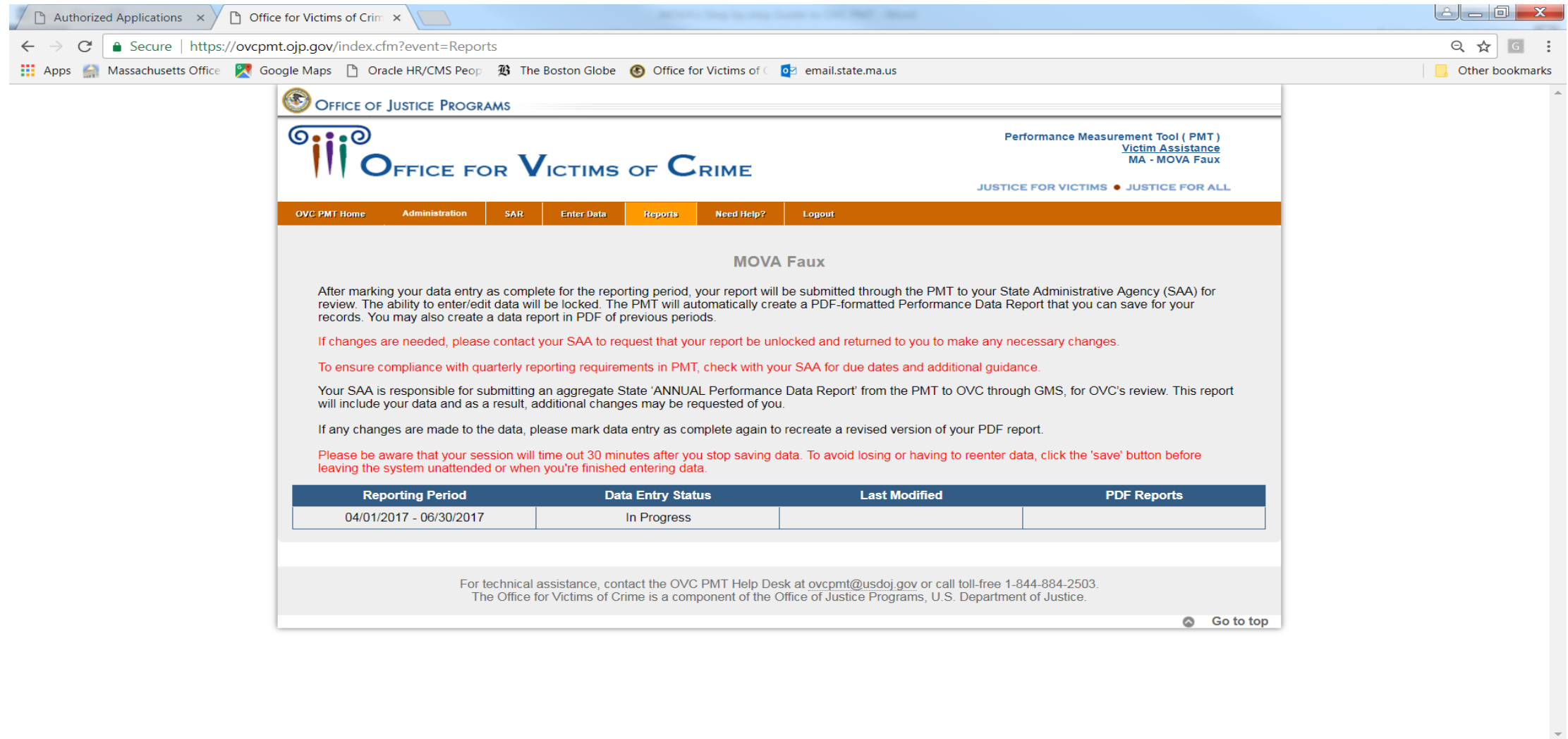
Enter Data – Review: Check "Mark data entry as complete…" and click "Save," then the record will be locked and you will not be able to edit your report.

Reports: View all of your reports (in progress and completed) here. Save and retain each of your quarterly PDF reports in your appropriate VOCA grant files.

Office of Civil Rights requirements

Office of Justice Programs, Office of Victims of Crime, Office of Civil Rights (OCR) Website: https://ojp.gov/about/offices/ocr.htm

General VOCA Subgrant Conditions:
- Limited English Proficiency (LEP)
- Non-discrimination

Equal Employment Opportunity Plan (EEOP)
- Must submit plan or obtain certification of exemption to OCR
- Online Reporting Tool: https://ocr-eeop.ncjrs.gov

- Online OCR training: https://ojp.gov/about/ocr/ocr-training-videos/video-ocr-training.htm

Monitoring

Why?

- Ensure compliance with federal and state requirements

- Technical assistance opportunity

When?

- Regular desk review

- Two-year site visit schedule, informed by:
  - Agency results on MOVA's organizational questionnaire;
  - Performance: to program objectives and grant administration

Monitoring

What to expect:

- Notice in advance of site visit

- Submission of completed Fiscal and Programmatic worksheets

- VOCA funded staff required to participate

- On-sight review of systems, equipment and records

- Written report from MOVA, including description of any required corrective actions

Fraud, Waste and Abuse

Whistleblower <u>complaints</u> involving public funds may be directed to:

- **MA Inspector General** - (800) 322-1323

- **MA Attorney General, Fair Labor Helpline** - (617) 727-3465

- **MA Division of Unemployment Assistance** - (800) 354-9927

- **MA Office of the State Auditor** - (617) 727-6200